

CHRISTOPHER WAYNE LESTER

5 OF 14



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: David Alan Santrock, M.D.
500 Donnally Street, Suite 100
Charleston, WV 25301
(304) 346-0439

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688135-0001.

THE MARKER-HOFF GROUP, INC

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Cause No. C-01-428

Michael W. Harris : Southern District Court
vs. :
Purdue Pharma, L.P., et. al. : County of Hamilton
: State of Ohio

AFFIDAVIT OF NO RECORDS

Records Pertaining To: Christopher Wayne Lester

Type of Records: David Alan Santrock, M.D. (Medical & Billing Records)

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for David Alan Santrock, M.D., am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

David Hall
AFFIANT (Custodian of Records)

Custodian of Records for: David A. Santrock, M.D.

Sworn to and subscribed before me on this 20 day of August, 2003

NOTARY PUBLIC

My Commission Expires: _____

Retention Policy: (The number of years records are maintained prior to destruction) _____

Comments: (Reason why records are not available) _____

Order No. 500688-135

NORCO

500688.135.0001



STYLE OF CASE: Michael W. Harris, et al.
vs.
Purdue Pharma L.P., et al.
CASE NO: C-1-01-428
PERTAIN TO: Christopher Wayne Lester
FROM: George Salem Zakaib, M.D.
500 Donnally Street, Suite 100
Charleston, WV 25301
(304) 346-0439
DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688119-0001.

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Cause No. C-01-428

Michael W. Harris : Southern District Court
vs. : County of Hamilton
Purdue Pharma, L.P., et. al. : State of Ohio

AFFIDAVIT OF NO RECORDS

Records Pertaining To: Christopher Wayne Lester

Type of Records: George Salem Zakaib, M.D. (Medical & Billing Records)

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for George Salem Zakaib, M.D., am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

Walter Hallay
AFFIANT (Custodian of Records)

Custodiam of Records for: *George S. Zakaib, M.D.*

Sworn to and subscribed before me on this the 20 day of August, 2003

NOTARY PUBLIC

My Commission Expires: _____

Retention Policy: (The number of years records are maintained prior to destruction) _____

Comments: (Reason why records are not available) _____

Order No. 500688-119

NOREC/

500688.119.0001



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Logan General Hospital
(Medical Records Department)
20 Hospital Drive
Logan, WV 25601
(304) 792-1101

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688079-0001.

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Cause No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma, L.P., et. al.

: State of Ohio

AFFIDAVIT OF NO RECORDS

Records Pertaining To: Christopher Wayne Lester

Type of Records: Logan General Hospital (Medical Records)

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for Logan General Hospital, am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

Joseph Shomas

AFFIANT (Custodian of Records)

Custodian of Records for: _____

Sworn to and subscribed before me on this the 20 day of August, 2003

NOTARY PUBLIC

My Commission Expires: _____

Retention Policy: (The number of years records are maintained prior to destruction). _____

Comments: (Reason why records are not available) _____

Order No. 500688-79

NOREC

500688.079.0001



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Kominsky Chiropractic
227 Maple Avenue
Oak Hill, WV 25901
(304) 469-3615

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688094-0001.

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Cause No. C-1-01-428

Michael W. Harris : Southern District Court
vs. : County of Hamilton
Purdue Pharma, L.P., et. al. : State of Ohio

AFFIDAVIT OF NO RECORDS

Records Pertaining To: Christopher Wayne Lester

Type of Records: Kominsky Chiropractic (Medical & Billing Records)

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for Kominsky Chiropractic, am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

Annette Coffman

AFFIANT (Custodian of Records)

Custodian of Records for: Kominsky Chiropractic

Sworn to and subscribed before me on this the 21st day of August, 2003

NOTARY PUBLIC

My Commission Expires: _____

Retention Policy: (The number of years records are maintained prior to destruction) _____

Comments: (Reason why records are not available) _____

Order No. 500688.94

NORECO

500688.094.0001



STYLE OF CASE: Michael W. Harris, et al.
vs.
Purdue Pharma L.P., et al.
CASE NO: C-1-01-428
PERTAIN TO: Christopher Wayne Lester
FROM: Kelly Medical Corporation
1 Pavilion Drive
Daniels, WV 25832
(304) 763-4253
DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688126-0001
THROUGH 500688126-0014.

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Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

Records pertaining to: Christopher Lester

Custodian of Records For: Kelly Medical Corporation

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or medical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses' notes and physicians' notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and/or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Penny Wright
AFFIANT
Bethy A. Duckwirth
WITNESS

DATE

8/21/03

ITEMIZED STATEMENT BY DATE OF SERVICE

Page 1

Date : 08/21/03

From : KELLY MEDICAL CORPORATION
 P. O. BOX 410263
 NASHVILLE TN 37241-0263

Phone: (304) 763-4253 Fax: (304) 763-2722

FEIN : 5506563342000

PATIENT INFORMATION

Account : 128428 LESTER, CHRISTOPHER W	SSN: [REDACTED]-2340	Dt/Amt Last Stmt: 11/26/02	22.98
Address : PO BOX 1113	DOB: [REDACTED]	Dt/Amt Last Pmt:	0.00
	Age: 31		
DANVILLE WV 25052	Sex: M		

Home Phone : (304) 369-6667 Guarantor:

Work Phone : (0) Address :

Empl/School:

OPEN ITEM PROCEDURE INFORMATION

Serv Dt	Procedure	Diagnoses	Dt Pat	Charges	Receipts	Adjustments	Balance				
07/10/01	99284	847.0	847.2	EP12.0		07/26/01	213.75	0.00	213.75	0.00	
03/07/02	99283	788.20	601.0			03/07/02	140.26	69.71	70.54	0.00	
08/01/02	99284	293.0	435.9	759.3C		09/16/02	213.75	91.94	121.81	0.00	
											TOTAL FOR THIS ACCOUNT: 0.00

500688.126.0001

Patient	Unit #	Service/Location	Status	Date	Account #
LESTER, CHRISTOPHER W	E000334665	EMERGENCY ROOM	REG ER	07/10/01	F00961520102
SSN: 3340 123 23	Age: 21	Sex: M	Race: R	Religion: UNKNOWN	NO EMPLOYER
Address: P.O. BOX 1113				Work Phone:	
DANVILLE, WV 25053				Occupation:	
Home Ph: (999)999-9999	County: BOONE			NO EMPLOYER	
LESTER, CHRISTOPHER W	SSN: 3340 123 23			Work Phone:	
Address: P.O. BOX 1113				Occupation:	
DANVILLE, WV 25053				NO EMPLOYER	
Home Ph: (999)999-9999	County: BOONE			Work Phone:	
Relationship to Patient: PATIENT				Occupation:	
SSN:				123-123-123	
Address:					
Home Ph:	County:			Work Phone:	
Relationship to Patient:				Occupation:	
Home Phone:	Work Phone:	Home Phone:	Relationship to Patient:	Work Phone:	
Relationship to Patient:					
LESTER, CHRISTOPHER P O BOX 1113 DANVILLE, WV 25053 Phone (999)999-9999 Contact	Policy # 3340 Coverage Subscriber LESTER, CHRISTOPHER W Rel to Pt PATIENT Eff. to Rel Y Asgn Y Group MVC 7/10/01 SELF PAY	Treat/Precert Ins Verif Not Required Pro Review Not Required			
Phone Contact	Policy # Coverage # Subscriber Rel to Pt Eff. to Rel Y Asgn Y Group	Treat/Precert Ins Verif Pro Review			
Phone Contact	Policy # Coverage # Subscriber Rel to Pt Eff. to Rel Y Asgn Y Group	Treat/Precert Ins Verif Pro Review			
Code Type 01 AUTO ACCIDENT	Date 07/10/01	Time 77	Code Type 77	Special Program 99281 847.0 847.2 E812.0 20173 Hernado	
Last Hospitalization	Admission Comment			Financial Class 99	
Attending Physician HCIS	Admitting Physician HCIS	Emergency Room Physician HCIS		HCIS 0486	
Primary Care Physician HCIS	Family Physician HCIS	Other Physician HCIS			
Date 07/10/01	Time 1631	Source EMERGENCY ROOM	Rm/Bed /	Arrival AMB	Principal Admitting Diagnosis/Reason For Visit MVC, RESTRAINED DRIVER, C/O NECK/LOW BACK PAIN
					Clerk FAOVSM

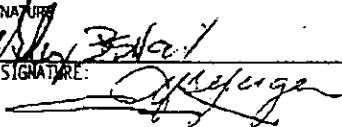
REGISTRATION FORM

Columbia Raleigh General Hospital

07/10/01 1631

500688.126.0002

RALEIGH GENERAL HOSPITAL

Patient LESTER, CHRISTOPHER W.	Unit # 1631	Service/Location FER	Status PRE ER	Date	ACCOUNT # ED15825250107		
Soc. Sec. No. /71	DOB 29	Sex M	MS	Race	Home Phone		
Vital Signs 07/10/01	Time 1618	Temp 94.7	Pulse 93	RSP 20	BP LT 152/80	Weight (kg) kg	Last Tetanus (Mo)
						148/78	SP10
Allergies: No Known Drug Allergies No Known Food Allergies No Known Contrast Allergies No Known Other Allergies							
Time to Room: 1620 Room # 8 Medication/Treatment: See Calla JH 6/5 de home Noritab 5/500 po flexat 167 JH 6/5				PROTOCOLS: <input type="checkbox"/> Cardiac <input type="checkbox"/> ABD <input type="checkbox"/> Respiratory <input type="checkbox"/> Trauma <input type="checkbox"/> Stroke LAB: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> UA <input type="checkbox"/> HCG QL <input type="checkbox"/> STREP SCREEN <input type="checkbox"/> URINE <input type="checkbox"/> BLOOD X2 <input type="checkbox"/> EKG <input type="checkbox"/> ABG <input type="checkbox"/> BMP <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> URINE DRUG SCRNN <input type="checkbox"/> HCG QT <input type="checkbox"/> THROAT <input type="checkbox"/> SPUTUM NEB TX X-RAY: <input type="checkbox"/> ABD <input type="checkbox"/> SPINE <input type="checkbox"/> T-SPINE <input type="checkbox"/> L-SPINE <input type="checkbox"/> ANKLE <input type="checkbox"/> CHEST <input type="checkbox"/> PORT Monitor <input type="checkbox"/> O2 L/min <input type="checkbox"/> IV _____ cc/hr <input type="checkbox"/> HEP LOCK <input type="checkbox"/> RC/MASK			
				DISCHARGE INSTRUCTIONS: See Calla JH 6/5 See Calla JH 3 days See doctor re of his daily flu symptoms. Rx dexamethasone - Rx ibuprofen			
DR CONSULTED: TIME: RESPONSE:				Report to: Admitted to Room _____ DISPOSITION: <input type="checkbox"/> Home <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred TIME: 1640 CONDITION: <input type="checkbox"/> unchanged <input type="checkbox"/> improved <input type="checkbox"/> stable			
DIAGNOSIS: Primal Lumbago Strain Spine				NURSE'S SIGNATURE:  PHYSICIAN'S SIGNATURE: 			
Admitting Physician		HCIS	Emergency Room Physician Kelly, Michael A		HCIS	Primary Care Physician	
Date	Time	Source	Room/Bed	Arrival	Principle Admitting Diagnosis/Reason for Visit MVC, RESTRAINED DRIVER, C/O NECK/LOW BACK PAIN		Clerk

500688.126.0003

Patient Name LESTER, CHRISTOPHER W	Unit # H000261190	Service/Location EMERGENCY ROOM	Status REG ER	Date 03/07/02	H02532414407
Soc. Sec No 3340	DOB 1/71	Age 30	Sex M	Race W	Religion NONE
Address: P O BOX 1113 DANVILLE, WV 25053	Home Ph: (304)369-6657	County: BOONE	USA	ENGLISH	NOT EMPLOYED
LESTER, CHRISTOPHER W		SS#: 233-L5-3340			Work Phone: Occupation: DISABLED
Address: P O BOX 1113 DANVILLE, WV 25053	Home Ph: (304)369-6657	County: BOONE	USA		NOT EMPLOYED
LESTER, APRIL C	Relationship to Patient: PATIENT	SS#: 235-08-9969			Work Phone: Occupation: DISABLED
Address: P O BOX 1113 DANVILLE, WV 25053	Home Ph: 304-369-6657	County:			BOONE COUNTY COMMISSION 190 COURT STREET MADISON, WV 25130
BROWNING, GINA	Relationship to Patient: WIFE				Work Phone: 304-369-9246 Occupation: OFFICE MGR
Home Phone: (304)369-2152	Work Phone:				LESTER, APRIL C
Relationship to Patient: SISTER					Home Phone: (304)369-6657
ACORDIA/PEIA PO BOX 2451 CHARLESTON, WV 25329-2451 USA Phone (888)440-7342	Policy # Birthdate Subscriber Rel to Pt Eff. Group	9969 1/73 LESTER, APRIL C WIFE to 7770 ACORDIA/PEIA	Precert Ins Verif Auth # Contact	Date	
Phone	Policy # Birthdate Subscriber Rel to Pt Eff. Group		Precert Ins Verif Auth # Contact	Date	
Phone	Policy # Coverage # Subscriber Rel to Pt Eff. Group		Precert Ins Verif Auth # Contact	Date	
Code Type 11 ONSET OF SYMPTOMS/ILLNESS	Date 03/07/02	Time 0942	Code Type		
Admission Comment AT HPC BY WIFE					Financial Class 11
Attending Physician Snyder, John M.	NCIS HCIS	Admitting Physician Family Physician Snyder, John M.	HCIS	Emergency Room Physician John Morris Stephen	HCIS 6543
Source EMERGENCY ROOM	Arrived CAR	Principal Admitting Diagnosis PROSTATE PROBLEMS		Clerk HERCUM	
HCA Saint Francis Hospital 03/07/02 0942					

500688.126.0004

LESTER, CHRISTOPHER W.
ATT DR:
MR# H000261190 DOB: 12/23/71
ACCT# H02532414407 AGE: 30 SEX: M

**Kelly Medical Corporation
One Pavilion Drive
Daniels, WV
(304) 763-4253 or 1-800-924-8522 (WV Only)**

I am aware that I will receive a separate bill for the Physician's service related to my visit at Saint Francis Hospital's Emergency Room. Kelly Medical Corporation will bill for these services.

I will be responsible for any remaining balance not covered by my insurance. If Medicare, Medicaid, my HMO or private insurance deems that the service is not a medical emergency or is some other type of uncovered service, then the bill will be my responsibility.

I have provided the most current and complete insurance information that I have.

Signature: Christopher Lester

Date: 3/7/02

Witness: M. Adler

If you have any questions regarding this bill, please contact our office at either of the above numbers.

Please thank you for choosing Saint Francis Hospital Emergency Room for your medical needs.

Patient	Unit #	Service/Location	Status	Date	Account			
LESTER, CHRISTOPHER W	000261190	EMERGENCY ROOM	REG ER	03/07/02	H02532414407			
Soc Sec No 3340	DOB /71	Age 30	Sex MS M	Race W Home Phone (304)369-6657	ALLERGIES: WEIGHT (kg): LAST TETANUS: LMP			
PHYSICIAN'S HISTORY			TIME	TEMP	PULSE	RESP	BP	INIT
TIME:	CC:	ORDERS						
HX CC:		LAB	<input checked="" type="checkbox"/>	AMYLASE	<input type="checkbox"/>	MBASIC	<input checked="" type="checkbox"/>	COMP
PM HX:		PT/PTT	<input type="checkbox"/>	STREP SCREEN	<input type="checkbox"/>	CXMB	<input type="checkbox"/>	CBS
SOC HX:	FAM HX:	VIT	<input type="checkbox"/>	BLOOD X2	<input type="checkbox"/>	THROAT	<input type="checkbox"/>	SPUTUM
EYES/ENT:		ANCILLARY	<input type="checkbox"/>	EKG	<input type="checkbox"/>	ABG		
RESP/CV:		X-RAY	<input type="checkbox"/>	C-SPINE XT	<input type="checkbox"/>	CHEST:	<input type="checkbox"/>	PA/LAT
GI/GU:		T-SPINE	<input type="checkbox"/>	ABD:	<input type="checkbox"/>	KUB	<input type="checkbox"/>	FLAT&UPRIGHT
NEURO:		L-SPINE	<input type="checkbox"/>	ANKLE:	<input type="checkbox"/> L	<input type="checkbox"/> R	HIP:	<input type="checkbox"/> L
MS/SKIN:		DATASCOPE	<input type="checkbox"/>	NIBP	<input type="checkbox"/>	SaO2	<input type="checkbox"/>	HEP LOCK
ENDO/REPRODUCTIVE:	<input type="checkbox"/> ALL OTHER SYSTEMS REVIEWED & FOUND NEGATIVE	IV	<input type="checkbox"/>	e cc/hr	<input type="checkbox"/>	O2 L/min	<input type="checkbox"/>	NC/MASK
PHYSICAL EXAM			TREATMENT					
P. Cigs 500 BID x 2 w/m ↑ P.O. fluids J. FU			Foley - leg bag Toradol 60 mg					
Hemog Rn 105			Dr. Senato is for day					
RESULTS								
X-RAY								
EKG								
LABS			CONDITION ON DISCHARGE: <i>fair</i>					
BLOOD TESTS			TIME:	DISP	RELEASED	ADMIT	DECEASED	
BLOOD TESTS			PHYSICIAN'S SIGNATURE: <i>[Signature]</i>					
HCIS Admitting Physician			HCIS Emergency Room Physician	HCIS		HCIS		
HCIS Family Physician			HCIS Dr. Jard. Morris Stephen	HCIS		HCIS		
HCIS Other Physician			HCIS Other Physician	HCIS		HCIS		
ADMISSION REGISTRATION								
Ra/Bed Arrival			Principal Admitting Diagnosis/Reason For Visit					
Emergency Room			CAR PROSTATE PROBLEMS					
Patient Name: Saint Francis Hospital			Date: 03/07/02 0943					

500688.126.0006

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41

**Saint Francis Hospital
EMERGENCY PHYSICIAN RECORD
Male Genitourinary Problems (3-5)**

TIME SEEN: 10:00 ROOM: 7 EMS Arrived

HISTORIAN: patient spouse paramedic

HX / EXAM LIMITED BY:

HPI

chief complaint: penile discharge (dysuria)
 testicular pain. urinary retention
 blood in urine Foley catheter problem

onset: 1 week

started:

continues to ED

no fever, chills, nausea, vomiting, headache, chest pain, shortness of breath, abdominal pain, diarrhea, constipation, rectal bleeding, pain in joints, skin rash, swelling, joint pain, etc.

current symptoms:

problems urinating
 burning urgency pain frequency small amounts
 unable to urinate (not urinated 12 hours)
 blood in urine / ejaculate
 discharge from penis
 yellow, clear, thick, watery
 pain / swelling in testicle (R/L)
 penile pain / swelling

penile discharge

unable to retract/palpate foreskin

testicular pain

foul smell (R/L)

abdominal pain

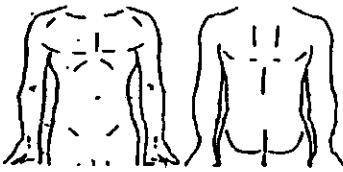
rectal bleeding

urine, stool, sputum

Nursing A: assessment reviewed. BP, HR, RR, Temp reviewed.
PHYSICAL EXAM: Alert anxious IV _____
 Disease: MAD mild moderate severe

Tachycardia
Hypertension
mild
mod-moderate
elevated
Example: Tach indicates severe tachycardia

ABDOMEN
non-tender
no organomegaly



tenderness
guarding
rebound
abnormal bowel sounds
hepatomegaly/splenomegaly / mass
distended bladder

GENITALS
Normal inspection
testicles firm/palp.



urethral discharge
testicular tenderness (R/L)
epididymal tenderness
circumcised/uncircumcised
scrotal swelling (R/L)
hernia mass (R/L)
examined while standing
herpes-like lesion(s)
inguinal lymphadenopathy
hydrocele

Cremasteric Reflexes

NIGHT- absent weak strong LEFT- absent weak strong

HEENT

CVT: normal inspection
Afferent nlnf

pteralia / pale conjunctiva
pharyngeal erythema
abnml TM / hearing deficit

NECK

Normal inspection

thyromegaly
lymphadenopathy

RESPIRATORY

res resp distress
breath sounds rns

wheezing
rales

CVS

reg rate & rhythm
heart sounds rns

tachycardia / bradycardia / murmur
decreased pulse(s)

BACK

normal inspection

CVA tenderness (R/L)

RECTAL

non-tender
color rns color

black / bloody / bright pos. stool
rectal tenderness
prostate enlarged / nodule

EXTREMITIES

non tender
normal ROM
no pedal edema

pedal edema
cell tenderness

NEUROPSYCH

Alert x3
grossly affective
CVA need to assess
no motor/sensory deficit

disoriented to person / place / time
depressed affect
facial droop/EOM palsy/anoscopy
weakness / sensory loss

SKIN

color rns no rash
warm dry

erythema / diaphoresis / pallor

LESTER, CHRISTOPHER W
ATT DR:
MR # H000268390 --- DR# 71
ACCT# H02532414407 AGE: 30 SEX: M

LABS, XRAYS, and PROGRESS:

CBC	Chemistries	Gram Stain of penile discharge:	UA
normal count	normal except	normal except	normal except
WBC	K	RBC's	WBC
Hgb	Cl	bacteria	
Hct	BUN	dpx	
Pltlets	Creat		
sgot	Glu		
bands	Ca - 8.7		
lymphs	Na - 135		
monos	PtCO - 94		
eos			

X-RAYS Incrp. by me. Reviewed by me Discrep w/radiologist

IVP mm obstruction L/R stone mm
mid / mod / marked proximal / mid / distal ureter LM

TESTICULAR SCAN mm increased / decreased size

DOPPLER ULTRASOUND mm

EKG MONITOR STRIP NSR Rate

EKG NML Incrp. by me. Reviewed by me Rate
NSR mm intervals mm rate mm QRS mm ST/T

not / changed from

Time unchanged Improved re-examined

Discussed with Dr. will see patient in office / ED / hospital

Concurrent patient / family reporting lab results diagnosis need for follow-up

Rx given Admit orders written

CRIT CARE- 30-74 min

75-104 min min

Prior records ordered

Additional history from: family caretaker paramedics

CLINICAL IMPRESSION:

Pyelonephritis- acute
Urinary Tract Infection - acute
Cystitis - acute
Urethritis/Gonorrhea - acute
Urinary Retention- acute
Prostatitis- acute

CMV - VUR?

DISPOSITION: home admitted transferred
condition: unchanged improved worse

MD/DO

Patient Name	Unit #	Service/Location	Status	Date														
LESTER,CHRISTOPHER W	H00026119C	EMERGENCY ROOM	REG ER	08/01/02 H02532760280														
Soc Sec No DOB Age Sex MS Race Religion 3340 7/1 30 M M W NONE	Address: P O BOX 1113 DANVILLE,WV 25053 Home Ph: (304)369-6657 LESTER,CHRISTOPHER W Address: P O BOX 1113 DANVILLE,WV 25053 Home Ph: (304)369-6657 Relationship to Patient: PATIENT	County: BOONE USA SSN: 233-15-3340	ENGLISH	Work Phone: Occupation:														
Relationship to Patient: PATIENT	LESTER,APRIL C Address:	County: BOONE USA		Work Phone: Occupation:														
Relationship to Patient: SISTER	BROWNING,GINA Home Phone: (304)369-2152	Work Phone: Policy # 9969 Birthdate 7/3 Subscriber LESTER,APRIL C Rel to Pt WIFE Eff. to Group 7770 ACORDIA/PEJA	Policy # Birthdate Subscriber Rel to Pt WIFE Eff. to Group	Precert Ins Verif Auth # Contact Date														
Phone (888)440-7342	Phone	Policy # Birthdate Subscriber Rel to Pt WIFE Eff. to Group	Precert Ins Verif Auth # Contact Date															
Code Type 11 ONSET OF SYMPTOMS/ILLNESS	Date 08/01/02	Time	Code Type															
<p>Admission Comment</p> <p>Attending Physician HCIS Admitting Physician HCIS Emergency Room Physician HCIS Primary Care Physician HCIS Family Physician HCIS Stewart,Edward E Jr. 6437 SNYDER,JOHN H 3099 Other Physician</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Source</th> <th>Rm/Bed</th> <th>Arrival</th> <th>Principal Admitting Diagnosis/Reason For Visit</th> <th>Clerk</th> </tr> </thead> <tbody> <tr> <td>08/01/02</td> <td>1541</td> <td>EMERGENCY ROOM</td> <td>/</td> <td>W.H.</td> <td>'TALKING FUNNY. NFAD FUZZY AND PEEING ON SELF'</td> <td>HERJSS</td> </tr> </tbody> </table>					Date	Time	Source	Rm/Bed	Arrival	Principal Admitting Diagnosis/Reason For Visit	Clerk	08/01/02	1541	EMERGENCY ROOM	/	W.H.	'TALKING FUNNY. NFAD FUZZY AND PEEING ON SELF'	HERJSS
Date	Time	Source	Rm/Bed	Arrival	Principal Admitting Diagnosis/Reason For Visit	Clerk												
08/01/02	1541	EMERGENCY ROOM	/	W.H.	'TALKING FUNNY. NFAD FUZZY AND PEEING ON SELF'	HERJSS												

REGISTRATION FORM

HCA Saint Francis Hospital

08/01/02 1559

500688.126.0009

**Kelly Medical Corporation
One Pavilion Drive
Daniels, WV**

(304) 763-4253 or 1-800-924-8522 (WV Only)

LESTER, CHRISTOPHER W.
DR: Stewart, Edward E. Jr.
MR# H000261290 DOB: 12/23/71
ACCT# H02502750280 AGE: 30 SEX: M


I am aware that I will receive a separate bill for the Physician's service related to my visit at Saint Francis Hospital's Emergency Room. Kelly Medical Corporation will bill for these services.

I will be responsible for any remaining balance not covered by my insurance. If Medicare, Medicaid, my HMO or private insurance deems that the service is not a medical emergency or is some other type of uncovered service, then the bill will be my responsibility.

I have provided the most current and complete insurance information that I have.

Signature:



Date:

8-102

Witness:



If you have any questions regarding this bill, please contact our office at either of the above numbers.

Thank you for choosing Saint Francis Hospital Emergency Room for your medical needs.



LESTER,CHRISTOPHER W DOS: 08/01/02
DR: Stewart,Edward E Jr.
MR# HD00261190 DOB: 07/01/71
ACCT# HD2532750260 AGE: 30 SEX: M

N-PUBLISHED PATIENT STATUS FORM

I, Christopher W. Lester, have had explained to me that my patient record for this visit may be flagged as NON-PUBLISHED on the Clinical Patient Care System computer system. This does not hinder my physician or care givers of the hospital from having access to my record. I further understand that the Admissions and Business Office personnel have access relative to my demographics, insurance and billing data. This only means that my record in Clinical Patient Care System has been flagged as NON-PUBLISHED and the Information Services Department will monitor access to my account.

I understand that if I elect to have my record made NON-PUBLISHED the hospital personnel (Volunteers, switchboard, nursing staff, etc.) will not confirm my admission or presence in the hospital to person(s) who may call to check on my condition or my room number. I also understand that no mail, flowers or deliveries sent to me will be accepted.

By my signature below, I am confirming that I understand the above and have stated that I WISH my admission to be flagged as NON-PUBLISHED.

NAME: _____ DATE: _____

WITNESS: _____ DATE: _____

By my signature below I DO NOT WISH to have my admission flagged as NON-PUBLISHED.

NAME: *Paul Lester life DATE: _____

WITNESS: Amiller DATE: 8/1/02

By my signature below I wish to have my status as NON-PUBLISHED removed from the Clinical Patient Care System computer system.

NAME: _____ DATE: _____

WITNESS: _____ DATE: _____

Patient LESTER, CHRISTOPHER	Unit # W000261190	Service/Location EMERGENCY ROOM	Status REG ER	Date 08/01/02	Account # H02532760280						
Soc Sec No 3340	DOB 7/1 30	Age 30	Sex M	Race W	Home Phone (304)369-6657	ALLERGIES: WEIGHT (kg): LAST TETANUS: LNP					
PHYSICIAN'S HISTORY						TIME	TEMP	PULSE	RESP	BP	INIT
TIME:	CC:	ORDERS									
HX CC:		<input type="checkbox"/> CBC <input type="checkbox"/> AMYLASE <input type="checkbox"/> MBASIC <input type="checkbox"/> INCOMP <input checked="" type="checkbox"/> SMA <input type="checkbox"/> PT/PTT <input type="checkbox"/> STREP SCREEN <input type="checkbox"/> CKMB <input type="checkbox"/> C8S									
P/M HX:		<input type="checkbox"/> URINE <input type="checkbox"/> BLOOD X2 <input type="checkbox"/> THROAT <input type="checkbox"/> SPUTUM									
SOC HX:	FAM HX:	<input type="checkbox"/> ANCILLARY <input type="checkbox"/> EXG <input type="checkbox"/> ABG									
EYES/ENT:		<input type="checkbox"/> NEBULIZER TREATMENT WITH _____									
RESP/CV:		<input type="checkbox"/> X-RAY <input type="checkbox"/> C-SPINE XT CHEST: <input type="checkbox"/> PA/LAT <input type="checkbox"/> PORT									
GI/GU:		<input type="checkbox"/> C-SPINE ABD: <input type="checkbox"/> KUB <input type="checkbox"/> FLAT&UPRIGHT									
NEURO:		<input type="checkbox"/> L-SPINE ANKLE: <input type="checkbox"/> L <input type="checkbox"/> R HIP: <input type="checkbox"/> L <input type="checkbox"/> R									
MS/SKIN:											
ENDO/REPRODUCTIVE:		<input type="checkbox"/> DATASCOPE <input checked="" type="checkbox"/> NIBP <input checked="" type="checkbox"/> SaO2 <input checked="" type="checkbox"/> PEP LOCK									
<input type="checkbox"/> ALL OTHER SYSTEMS REVIEWED & FOUND NEGATIVE		<input type="checkbox"/> IV <input type="checkbox"/> cc/hr <input type="checkbox"/> O2 <input type="checkbox"/> L/min <input type="checkbox"/> NC/MASK									
PHYSICAL EXAM						TREATMENT					
<p><i>- ET Brain no contact</i></p> <p><i>- cardiac ry</i></p> <p><i>- BP 25</i></p> <p><i>- VTR</i></p> <p><i>- ABG</i></p> <p><i>- carboxy Hg B.</i></p>											
RESULTS											
X-RAY:											
EKG:											
LABS:						CONDITION ON DISCHARGE: <i>(Signature)</i>					
						TIME: DISP: RELEASED ADMIT DECEASED PHYSICIAN'S SIGNATURE: <i>(Signature)</i>					
DIAGNOSIS											
Attending Physician Primary Care Physician SNYDER JOHN M	HCIS 9999	Admitting Physician Family Physician	HCIS 9999	Emergency Room Physician Stewart Edward E Jr.	NCIS 6-31						
Date 08/01/02	Time 1544	Source EMERGENCY ROOM	Room/Bed WHE	Arrival TALKING FUNNY, HEAD FUZZY AND PEETING ON SELF	Principal Admitting Diagnosis/Reason For Visit Clerk HERJSS						
ADMISSION / REGISTRATION											

ER ENCOUNTER

Saint Francis Hospital

08/01/02 1558

500688.126.0012

Nursing Assessment Reviewed. BP, HR, RR, Temp reviewed.
PHYSICAL EXAM Alert Lethargic Obtunded
 Distress NAD mild moderate severe Seizures / Apneic

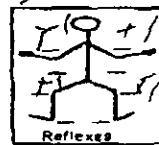
HEENT
 no epiphringeal trauma EENT inspection nml pharynx nml airway intact scleral icterus / pale conjunctivae deprsd gag reflex / poor handling of secretions pharyngeal erythema / exudate TM erythema/dullness/blood tenderness/swelling/echymosis

NEURO/PSYCH higher functions
 alert oriented x3 mood/affect nml abnormal response to commands no response eyes open slow inappropriate abnormal response to pain withdraws flexor extensor none

aphasic expressive / receptive distorted to time / place / person facial palsy (R/L) forehead involved spared tongue deviation (to R/L) EOM palsy unequal pupils (Narrowed B)
 R pupil mm L pupil mm abnormal funduscopic / papilledema

cerebellar normal as tested

peripheral exam
 no motor deficit no sensory deficit reflexes nml



NECK
 supple non-tender

RESPIRATORY
 no resp. distress breath sounds nml

CVS
 reg. rate, rhythm heart sounds nml tachycardia / bradycardia / irreg. irreg. rhythm MD present murmur grade /6 sys / dias gallop (53 / 54) decreased pulse(s)

ABDOMEN
 non-tender no organomegaly

SKIN
 color nml, no rash warm, dry

EXTREMITIES
 non tender normal ROM no pedal edema

Altered Mental Status-43

LABS, XRAYS, and PROGRESS:

EKG MONITOR STRIP NSR Rate

EKG NML Interp. by me Reviewed by me Rate
 NSR mm intervals mm axis mm QRS mm ST/T

not / changed from:

CXR Interp. by me Reviewed by me Disc'd w/radiologist
 nml/NAD no infiltrates mm heart size mm mediastinum

not / changed from:

CBE	Chemistries	ABG's	UA
normal except WBC	normal except Na	lactate	normal except WBC
Hgb 16.5	K 9.6	CO ₂	RBC's
Hct	BUN	creat	bacteria
Platelets	Gluc	pO ₂	dip.
segs	monos	PULSE OX	
bands	eos	time	% sat
lymphs			
monos			
eos			

Head CT mm old lacunar infarct
 (2) eutympanic auditory

Treatment IV D50 / IV Narcan Thiamine IV / IM IV Fluids

Intubated by ED Physician pre-oxygenated
 versed / valium / ativan / pavilon succinyl choline / vecuronium

nasal / oral breath sounds equal position confirmed on CXR
 Time 3:45 unchanged improved examined

A/Fr 7.43 / PCO₂ 40 (42 + 2) pH
 CO₂ B (42 + 2) pH
 UDS TGA (flat nail)
 gelato (organic)

Discussed with Dr. [Signature] et al
 will see patient in office / ED / hospital
 Counselled patient/family regarding
 lab results / diagnosis / need for follow-up
 Rx given Admit orders written
 CTR CARE 30-74 min
 75-104 min
 min
 Prior records ordered
 Additional history from:
 family caretaker paramedics

CLINICAL IMPRESSION:

Confusion	Sopor	Coma	Intracerebral / Subarachnoid Bleed
Chronic Dementia			Subdural / Epidural Hematoma
Hypoglycemia / Insulin Reaction			Seizures / Post-ictal state
Hypernatremia / Hyponatremia			SAHA (Stroke) / TIA
Volume Depletion			Septic / Meningitis / Encephalitis
Overdose / Substance Abuse			Urinary Tract Infection / Pneumonia
Alcohol Intoxication			Hepatic Encephalopathy

unconscious (radicular vs central)

DISPOSITION: home admitted transferred
 CONDITION: unchanged improved stable

LESTER CHRISTOPHER K
 DR. STEWART S. JR.
 MR# H000261190 DOB 08/01/71

DOS 08/01/02

500688.126.0013

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45

Saint Francis Hospital
EMERGENCY PHYSICIAN RECORD
Altered Mental Status (S)

TIME SEEN: 10am ROOM: 4 EMS ArrivalHISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI chief complaint: Decreased Mental Status / Confusion
Low Blood Sugar / Diabetic Fever

started: sunday fell gradual onset
gone now better continued to ED sudden-onset
intermittent constant

character of altered mental status:

disoriented confused agitated trouble concentrating
unresponsive decreased responsiveness seizure activity

context:

nursing home resident / chronic dementia
found unresponsive / unknown duration
by nursing home staff family
dextrostat low PTA (given D50 / Narcan PTA
good / marginal / no response
recent / heavy alcohol intake (beer / wine / liquor)
fast drink
drug abuse / overdose

Usually alert, oriented x3 alert but confused
alert but disoriented to time poor alertness

associated neuro symptoms:

new weakness
• RUE RLE LUE LLE R/L facial general (diffuse)
altered sensation
• RUE RLE LUE LLE R/L facial

falling / decreased ability to stand/walk
• weak difficult off balance cannot walk cannot stand

involuntary movements / seizure activity

Usually walks w/o assistance uses wheelchair
uses a cane / walker stands for transfers
walks only w/ assistance bed-ridden
unable to walk unable to sit up

Similar symptoms previously:

Recently seen/treated by doctor Dr. C. BMH
and ER

ROS
CONST
fever

NEURO
headache

head injury

dizziness

CHEST

chest pain
palpitations
cough
sputum
trouble breathing

ENDOCRINE (if diabetic)

change in diet / activity / insulin

EYES-ENT

trouble w/ vision
sore throat
trouble swallowing

GI and GU

nausea
vomiting
abdominal pain
diarrhea
black/bloody stools
trouble urinating

SKIN & LYMPH & MS

skin rash / swelling
joint pain
back / neck pain

all systems neg. except as marked

PAST HISTORY negative

diabetes insulin / oral / diet
seizure disorder
stroke / TIA
hepatitis / cirrhosis
other problems

angina PMI / CHF

AIDS/HIV

asthma / COPD

hypertension

G bleeding

high cholesterol

Surgeries

CABG
pacemaker

cholecystectomy

appendectomy

hysterectomy

tonsillectomy

Medications none see nurses note

ASA ibuprofen acetaminophen

Allergies NKDA

see nurses note

SOCIAL HX smoker

history of alcoholism

drug abuse

FAMILY HX stroke migraines CAD HTN

LESTER, CHRISTOPHER W. LIS 08/01/02
DR. Stewart, Edward E Jr.
MR# H004261190 DOB 7/1
ACCT# H02332/60280 AGE: 30 SEX: M

500688.126.0014



STYLE OF CASE: Michael W. Harris, et al.
vs.
Purdue Pharma L.P., et al.
CASE NO.: C-1-01-428
PERTAIN TO: Christopher Wayne Lester
FROM: Kelly Medical Corporation
1 Pavilion Drive
Daniels, WV 25832
(304) 763-4253
DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688126-0015
THROUGH 500688126-0018.

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17 Raleigh General Hospital
EMERGENCY PHYSICIAN RECORD
MVA (5)

TIME SEEN: 10:00 AM ROOM: P EMS arrival
HISTORIAN: patient spouse paramedic

HX / EXAM LIMITED BY:

HPI chief complaint: MVA Injury to neck/back

occurred: just PTA position in vehicle
driver passenger front back

context: 2-car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)

Head end collision

location of pain/injuries:

head face mouth
neck chest abdomen
back upper mid-lower
radiating to R/L thigh/leg

-right-	-left-
shldr	hip
arm	thigh
elbow	knee
f-arm	leg
wrist	ankle
hand	foot

severity of pain:

mild
moderate
severe

associated symptoms:

lost consciousness / dazed
duration:
remember:
import seizure coming to hospital

site of impact:

"P" = primary "S" = secondary



force: low mod. high
direct glancing

restraints:

none lap / shoulder

doesn't recall
car seat
air bag deployed
thrown from vehicle
ambulated at scene
long extrication

ROS: (all systems reviewed normal)
Pain: sharp, localized to neck/back
Pulse: regular, rate 80-100 bpm
Blood pressure: 120/80 mm Hg
Temperature: 98.6°F
Respirations: 18-20 breaths/min
Skin: warm, dry, intact
Lungs: clear, no crackles or wheezes
Heart: regular, no murmurs or rubs
Abdomen: soft, non-tender, no organomegaly
Rectal: negative, stool neg
Genital: normal, no discharge
Rectal: negative, stool neg
Neuro: normal, no focal deficits
Eyes: normal, no conjunctival hemorrhage
ENT: normal, no nasal bleeding
Extremities: normal, no edema or tenderness
Musculoskeletal: normal, no tenderness or swelling
Psych: normal, oriented x3
Social: recent ETOH, non-smoker, no drug abuse

SOCIAL HISTORY: recent ETOH, non-smoker, no drug abuse

PAST HISTORY: negative
1990 L7 fracture -
low BP, tachycardia
Med: none / see nurses note
Allergies: NKDA / see nurses note
 Nursing Assessment & Vitals Noted. Tetanus immun. UTD.

RALSTON DR
F00982626407

LESTER, CHRISTOPHER W

2-1 MR F006334605

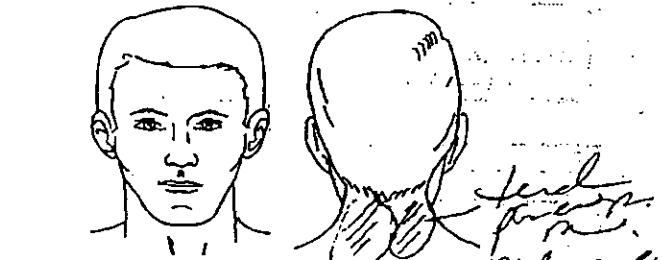
KELLY, MICHAEL A
SEF

07/21/01 04:00

PHYSICAL EXAM Alert Lethargic Alertous
Drowsy NAD mild moderate severe
c-collar (PTA) in ED back board IV spine

HEAD see diagram
no evidence of trauma
Battle's sign / Raccoon Eyes

NECK see diagram
non-tender
painless ROM
trachea midline



EYES EERRL EOMI unequal pupils R mm mm
EOM entrapment/palsy
subconjunctival hemorrhage
pale conjunctivae

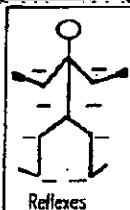
ENT hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP & CVS see diagram (on reverse)
chest non-tender
breath sounds nml
heart sounds nml
wheezing / rales
splinting / paradoxical movements
tachycardia

ABDOMEN see diagram (on reverse)
non-tender
no organomegaly
guarding

GENITAL/RECTAL perineal hematoma
nml genital exam
blood at urethral meatus
nml vaginal exam
decreased rectal tone
nml rectal exam
stool neg

NEURO/PSYCH confusion / disorientation
EOM palsy/anisocoria
facial asymmetry
unsteady / ataxic gait
sensory/motor deficit
reflexes



SKIN
 intact
 warm, dry

see diagram
 crepitus / diaphoresis

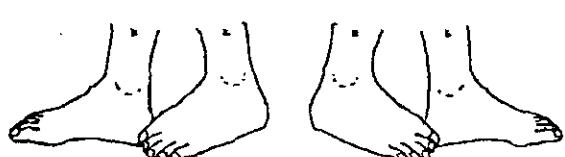
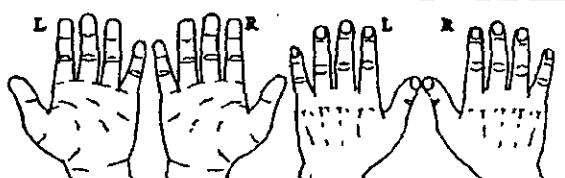
BACK
 no CVA
 tenderness
 no vertebral
 tenderness

see diagram
 vertebral point-tenderness
 CVA tenderness
 muscle spasm / limited ROM

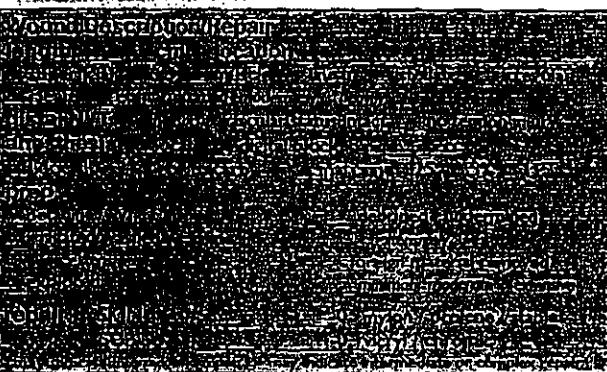
EXTREMITIES

traumatic
 pelvic stable
 hips non-tender
 no pedal edema
 nml ROM

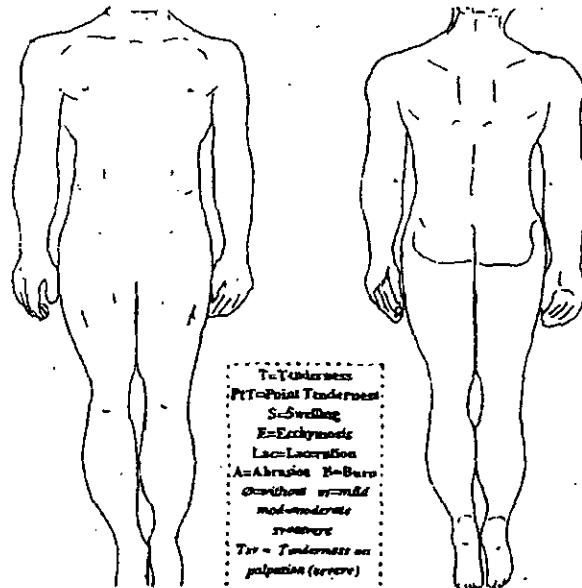
see diagram
 bony point-tenderness
 painful / unable to bear weight
 pulse deficit
 Joint Exam:
 limited ROM / ligaments laxity / joint effusion



XRAYS <input type="checkbox"/> Interp. by me <input type="checkbox"/> Reviewed by me <input type="checkbox"/> Discard w/radiologist			
C-Spine	D-Spine	L-Spine	
nml / NAD		reversal straightening of cerv. lordosis	
no fracture		DJD / spondylosis / spurring	
nml alignment			
soft tissues nml			
CXR			
nml/NAD		rib fracture	
no infiltrates		infiltrate / atelectasis	
nml heart size			
nml mediastinum			
OTHER	<input type="checkbox"/> See separate report.		



ER 17



T=Tenderness
 P=Post-Trauma Tenderness
 S=Swelling
 E=Ecchymosis
 Lac=Laceration
 Ab=Abroad
 B=Burn
 O=Occlusion or mild
 m=moderate
 Severe
 Tpr = Tenderness on
 palpation (severe)

PROGRESS:

pt maintained jacob
 w/ gait pt prefered of esp
 L back (at 6th lop
 elevated to Dr. Horne
 Ma see a - *See Dr. G*

pt started to passif Ed. low
 MVA & Ollie left Ed. low

DISCUSSED WITH PT/PTA: <input type="checkbox"/> Yes <input type="checkbox"/> No	CRIT CARE: <input type="checkbox"/> Yes <input type="checkbox"/> No
DISCUSSED WITH PT/PTA: <input type="checkbox"/> Yes <input type="checkbox"/> No	ED: <input type="checkbox"/> Yes <input type="checkbox"/> No
DISCUSSED WITH PT/PTA: <input type="checkbox"/> Yes <input type="checkbox"/> No	SLU: <input type="checkbox"/> Yes <input type="checkbox"/> No
DISCUSSED WITH PT/PTA: <input type="checkbox"/> Yes <input type="checkbox"/> No	ICU: <input type="checkbox"/> Yes <input type="checkbox"/> No
DISCUSSED WITH PT/PTA: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No

CLINICAL IMPRESSION:

contusion		sprain / strain	
head	wrist	R/L	neck dorsal lumbar
face	hand	R/L	
chest	hip	R/L	
abdomen	thigh	R/L	
back	knee	R/L	
shoulder	leg	R/L	
arm	ankle	R/L	
elbow	foot	R/L	
forearm			

MVA

Percival J. Hanbar, PA

DISPOSITION: home admitted transferred
 CONDITION: unchanged improved stable

MD/DO

MVA-17

500688.126.0016

MEDIFAX EDI MULTI-PAGE READER

MEDIFAX OHN 1.16A

MEDIFAX LW 2.02

JULY 18, 2003 03:57:47 PM

RECIPIENT INFO INFORMATION

SOCIAL SECURITY NUMBER

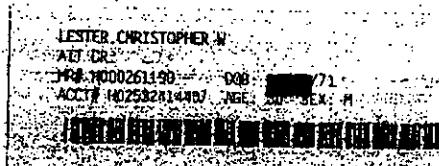
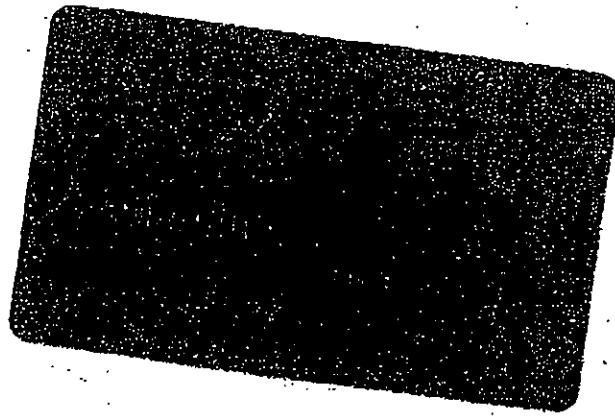
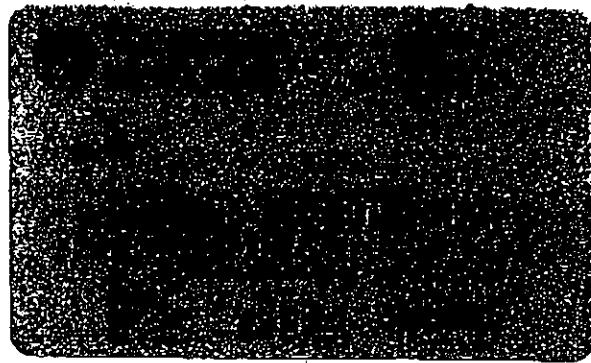
LAST NAME

DATE OF BIRTH

ANALYST ERROR INFORMATION

RH0932 - RECIPIENT NOT ON FILE

500688.126.0017



LESTER, CHRISTOPHER W
AD/CR

08- [REDACTED] /71

ACCT# H02582414107 NEG. AND SEALS

500688.126.0018